

HAMILTON COUNTY PUBLIC DEFENDER COMMISSION

Wm. Howard Taft Law Center 2nd Floor, 230 E. Ninth Street, Cincinnati OH 45202

Phone: 513-946-3700 Fax: 513-946-3707

Ohio Supreme Court #: _____

Name: _____

Office: _____

Address: _____

SSN/Fed. ID #: _____

Phones: Office: _____ Cell: _____

Home: _____ Pager: _____

Fax: _____ Email: _____

Computer Access: Yes / No

Mentoring: Will Mentor / Desire Mentoring / NA

Law School: _____ Graduated: Year _____

Admitted to practice: Ohio Year _____

Other Courts: _____ Year _____

_____ Year _____

1) I have read the Qualifications, Regulations and Standards of the Public Defender Commission and hereby certify, by my registration as a member of the Public Defender Panel, I am qualified and willing to serve as appointed counsel in the following classifications of criminal cases as designated.

A. For Aggravated Murder with Death Penalty Specifications:

I meet the qualifications set forth in Rule 20 of the Ohio Supreme Court "Appointment of Counsel for Indigent Defendants in Capital Cases".

For: ☐ Lead counsel
☐ Co-counsel
☐ Appellate counsel

B. For Other Homicides:

I possess prior experience as: ☐ Trial counsel or co-counsel in one prior murder trial; or
☐ Trial counsel in two first-degree felony or aggravated felony trials; or
☐ Trial counsel in ten or more jury trials

C. For Felony, 1st - 3rd Degree:

I possess prior experience as: ☐ Trial counsel in two or more first, second or third degree felony trials, at least one of which was a jury trial; or
☐ Trial counsel in any four jury trials at least one of which was a jury trial in a first, second or third degree felony; or
☐ Trial counsel in any two criminal trials and;
(i) Co-counsel in at least one criminal jury trial;
(ii) Trial counsel or co-counsel in two jury trials.

D. For Felony, 4th & 5th Degree:

I possess: ☐ Prior experience as trial counsel or co-counsel in at least one jury trial; or
☐ Prior completion of a training program on criminal practice or procedure which is certified for continuing legal education credit by the Ohio Supreme Court Commission on continuing legal education.

2) I will accept appointments for:

Misdemeanor Panel:	Drug Court Panel:	Juvenile Panel:			Guardian Ad Litem	Custody	Appellate Panel
		Delinquency	Paternity	Dependency			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Check appropriate categories)

3) Reg II(E), Insurance compliance: A. Carrier _____

B. Policy No. _____

4) I agree to notify the Public Defender Commission in writing of any change in my personal or professional status that would affect my qualifications to serve as appointed counsel.

5) I understand that vouchers are to be submitted within 60 days of case termination and that each voucher must be accompanied by an executed affidavit of indigency in order to receive payment.

(Signature)

(Approval)